

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Wealshire Rehab, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

DBA The Wealshire Center of Excellence

3. Debtor's federal Employer Identification Number (EIN) 88-3924991

4. Debtor's address Principal place of business

150 Jamestown Ln
Lincolnshire, IL 60069

Number, Street, City, State & ZIP Code

Lake

County

Mailing address, if different from principal place of business

12 South Broadway
Beverly Shores, IN 46301

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.wealshire.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **Wealshire Rehab, LLC**
Name

Case number (if known)

7. Describe debtor's business A. *Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8051

8. Under which chapter of the Bankruptcy Code is the debtor filing? *Check one:*

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?
☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **Wealshire Rehab, LLC** Case number (if known) _____
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	Relationship
District	Case number, if known

11. Why is the case filed in this district? Check all that apply:

☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____
Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds Check one:

☒ Funds will be available for distribution to unsecured creditors.

☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

15. Estimated Assets

<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

16. Estimated liabilities

<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
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Debtor	Wealshire Rehab, LLC	Case number (if known)	
Name			
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known)

Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

08/24

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 20, 2024
MM / DD / YYYY

X

Signature of authorized representative of debtor

Arnold Goldberg
Printed name

Title Sole Manager

18. Signature of attorney

X

/s/ Harold D. Israel
Signature of attorney for debtor

Date June 20, 2024
MM / DD / YYYY

Harold D. Israel
Printed name

Levenfeld Pearlstein, LLC
Firm name

120 S. Riverside Plaza
Suite 1800
Chicago, IL 60606
Number, Street, City, State & ZIP Code

Contact phone 312-345-8380

Email address hlsrael@llegal.com

6216289 IL
Bar number and State

**United States Bankruptcy Court
Northern District of Illinois**

In re **Wealshire Rehab, LLC**

Debtor(s)

Case No.
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Arnold Goldberg 12 S. Broadway Beverly Shores, IN 46301	Class A	100%	Member

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Sole Manager** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **June 20, 2024**

Signature

Arnold Goldberg

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

Document Page 7 of 32
United States Bankruptcy Court
Northern District of IllinoisIn re Wealshire Rehab, LLC

Debtor(s)

Case No.

Chapter 11**LIST OF EQUITY SECURITY HOLDERS**

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Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Arnold Goldberg 12 S. Broadway Beverly Shores, IN 46301	Class A	100%	Member

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Sole Manager** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date June 20, 2024

Signature


Arnold Goldberg

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Northern District of Illinois**

In re **Wealshire Rehab, LLC**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Wealshire Rehab, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

June 20, 2024

Date

/s/ Harold D. Israel

Harold D. Israel

Signature of Attorney or Litigant

Counsel for **Wealshire Rehab, LLC**

Levenfeld Pearlstein, LLC

120 S. Riverside Plaza

Suite 1800

Chicago, IL 60606

312-346-8380

hisrael@lplegal.com

RESOLUTION
of
WEALSHIRE REHAB, LLC
(an Illinois limited liability company)

Effective as of June 20, 2024

Arnold Goldberg, in his capacity as the sole manager (the “Manager”) of Wealshire Rehab, LLC, an Illinois limited liability company (the “Company”), hereby consents in writing to the following resolutions.

WHEREAS, the Manager has considered the financial and operational aspects of the Company’s business and the recommendations of the Company’s professionals and advisors, and adopts the following resolutions by written consent;

NOW, THEREFORE, BE IT RESOLVED, that, in the judgment of the Manager, it is desirable and in the best interest of the Company, its creditors, equity holder, and other interested parties to file a petition (the “Petition”) seeking relief under chapter 11 of title 11 of the United States Code (the “Bankruptcy Code”) in the United States Bankruptcy Court for the Northern District of Illinois (the “Bankruptcy Court”);

RESOLVED FURTHER, that the Petition is adopted in all respects. Arnold Goldberg (the “Authorized Agent”) is hereby authorized and directed, on behalf of the Company, to execute the Petition or authorize the execution of a filing of the Petition by the Company and to cause the same to be filed with the Bankruptcy Court at such time as the Authorized Agent considers it appropriate;

RESOLVED FURTHER, that the Authorized Agent shall be, and hereby is, authorized, directed, and empowered on behalf of and in the name of the Company to execute, verify, and cause to be filed such requests for relief from the Bankruptcy Court as the Authorized Agent may deem necessary, proper, or desirable in connection with the Petition, with a view to successful prosecution thereunder;

RESOLVED FURTHER, that the Authorized Agent is authorized to execute and file on behalf of the Company all petitions, schedules, lists, and other motions, papers, or documents, and to take any and all action that it deems necessary or proper to obtain appropriate relief for the Company, including, without limitation, any action necessary to maintain the ordinary course operation of the Company’s business;

RESOLVED FURTHER, that the law firm of Levenfeld Pearlstein, LLC shall be, and hereby is, employed as general bankruptcy counsel for the Company in the Company’s chapter 11 case;

RESOLVED FURTHER, that the Authorized Agent is authorized and empowered on behalf of, and in the name of, the Company to retain and to employ other attorneys, brokers, investment bankers, accountants, restructuring professionals, financial advisors, and other

professionals to assist in the Company's chapter 11 case on such terms as are deemed necessary, proper, or desirable by the Authorized Agent;

RESOLVED FURTHER, that the Authorized Agent, and any employees or agents (including counsel) designated by or directed by such Authorized Agent, shall be, and each hereby is, authorized and empowered to cause the Company and such of its affiliates as management deems appropriate to enter into, execute, deliver, certify, file, record, and perform such agreements, instruments, motions, affidavits, applications for approvals or rulings of governmental or regulatory authorities, certificates, or other documents, and to take such other actions, as in the judgment of such Authorized Agent shall be necessary, proper, and desirable to prosecute to a successful completion of the Company's chapter 11 case, to effectuate the restructuring of the Company's debt, other obligations, organizational form and structure, and ownership of the Company and its subsidiaries consistent with the foregoing resolutions, and to carry out and put into effect the purposes of the foregoing resolutions, and the transactions contemplated by these resolutions, their authority thereunto to be evidenced by the taking of such actions;

General Authorization

RESOLVED FURTHER, that the Authorized Agent is authorized and empowered on behalf of the Company and in its name to take or cause to be taken all actions and to execute and deliver all such instruments that the Authorized Agent of the Company approves as necessary or desirable in connection with the foregoing resolutions, such approval to be conclusively evidenced by the taking of any such action or the execution and delivery of any such instrument by the Authorized Agent of the Company;

RESOLVED FURTHER, that any specific resolutions that may be required to have been adopted in connection with the actions contemplated by the foregoing resolutions be, and they hereby are, adopted, and the Authorized Agent of the Company is authorized to certify as to the adoption of any and all such resolutions and attach such resolutions hereto; and

RESOLVED FURTHER, that all actions heretofore taken by the Authorized Agent or of the Company in connection with or otherwise in contemplation of the transactions contemplated by any of the foregoing resolutions be, and they hereby are, ratified, confirmed, and approved.

[Remainder of Page Intentionally Left Blank]

IN WITNESS WHEREOF, the undersigned have executed this action by written consent as of the date first written above.

WEALSHIRE REHAB, LLC,
an Illinois limited liability company

By: _____


ARNOLD GOLDBERG

Sole Manager of the Company

Fill in this information to identify the case:

Debtor name **Wealshire Rehab, LLC**
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
NEXT LEVEL HOSPITALITY SERVICES 100 CHALLENGER ROAD SUITE 303 Ridgefield Park, NJ 07660						\$533,045.55
HEALTHCARE & FAMILY SERVICES HFS/BUREAU OF FISCAL OPS PO Box 19491 Springfield, IL 62794-9491						\$511,682.00
NURSA INC DEPT 2310 PO BOX 122310 Dallas, TX 75312-2310						\$296,794.06
KEZIAH QUALITY NURSING STAFFING 507 TRUMANS COURT Belvidere, IL 61008						\$291,692.12
KARE TECHNOLOGIES(A MERISOURCE) PO BOX 4738 Houston, TX 77210						\$199,270.44
CENTERS FOR MEDICARE AND MEDICAID 7500 Security Boulevard Windsor Mill, MD 21244						\$197,290.00

Debtor **Wealshire Rehab, LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
POINTCLICKCARE TECHNOLOGIES INC PO Box 674802 Detroit, MI 48267-4802						\$192,465.25
ANGELS HOMECARE SERVICES 2200 S MAIN ST Lombard, IL 60148						\$162,388.86
LEVCO TECHNOLOGIES INC 601 21ST STREET SUITE 300 Vero Beach, FL 32960						\$133,390.61
ABILITY REHAB LLC 648 N River RD Naperville, IL 60563						\$115,399.92
PROFESSIONAL MEDICAL INC PO BOX 1243 Bedford Park, IL 60499						\$114,647.80
PHARMSCRIPT OF IL LLC PO BOX 5752 Somerset, NJ 08875						\$109,865.59
HEALTHCARE SERVICES GROUP 3220 TILLMAN DRIVE SUITE 300 Bensalem, PA 19020						\$107,398.47
COM ED PO Box 6112 Carol Stream, IL 60197-6111						\$98,846.72
DELTA T GROUP PO BOX 884 Bryn Mawr, PA 19010						\$75,860.39
UNITED HEALTH CARE P.O.BOX 959782 Saint Louis, MO 63195-9782						\$60,308.28

Debtor **Wealshire Rehab, LLC** Case number (if known) _____
Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
REED SMITH LLP 10 S Wacker Dr Suite 4000 Chicago, IL 60606						\$57,228.00
PERFORMANCE FOODSERVICE TPC PO BOX 856746 Minneapolis, MN 55485						\$54,230.02
GORDON FOOD SERVICE P.O. Box 88029 Chicago, IL 60680-1029						\$53,167.83
TRANSITIONAL CARE MANAGEMENT 3333 Warrenville Road, Suite 200 Lisle, IL 60532						\$50,000.00

Fill in this information to identify the case:

Debtor name Wealshire Rehab, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

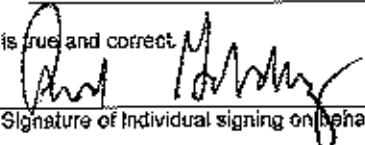
I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☐ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☐ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☐ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☐ Schedule H: Codebtors (Official Form 206H)
- ☐ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☐ Amended Schedule
- ☒ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 20, 2024

X


Signature of individual signing on behalf of debtor

Arnold Goldberg

Printed name

Sole Manager

Position or relationship to debtor

A PLUS EXHAUST HOOD
15525 S WEBER RD
Romeoville, IL 60446

A PLUS FIRE PROTECTION SERVICES, IN
15525 S WEBER RD
Romeoville, IL 60446

ABILITY NETWORK INC
DEPT CH 16577
Palatine, IL 60055

ABILITY REHAB LLC
648 N River RD
Naperville, IL 60563

ACCU-TECH SERVICE INC
308 RUSTIC LANE
Algonquin, IL 60102

ACCURATE BIOMETRICS
500 Park Boulevard
Suite 1260
Itasca, IL 60143

ADVANTAGE AMBULANCE
8200 185th St
Tinley Park, IL 60487

AFFILIATED CUSTOMER SERVICE INC
1441 BRANDING LANE
Downers Grove, IL 60515

ALL-STAT PICC LINE LLC
8235 CHRISTINA AVE
Skokie, IL 60076

ALL-STAT PORTABLE X-RAY SERVICE
8235 CHRISTINA AVE
Skokie, IL 60076

ALPHA BAKING COMPANY INC
36230 TREASURY CENTER
Chicago, IL 60694

ANDREW SUK LLC
2155 N ELSTON AVE
APT 245
Chicago, IL 60614

ANGELS HOMECARE SERVICES
2200 S MAIN ST
Lombard, IL 60148

APPLOI CORPORATION
PO BOX 22784
New York, NY 10087

ARNOLD GOLDBERG
12 S Broadway
Beverly Shores, IN 46301

ASCENTIUM CAPITAL
PO BOX 11407
Birmingham, AL 35246

BEAVER CREEK CONSTRUCTION LLC
640 N River Road
Naperville, IL 60563

BEDI & SINGER LLP
53 West Jackson Blvd
Chicago, IL 60604

BERNARD HEALTH
2817 WEST END AVE
SUITE 126-281
Nashville, TN 37203

BH Web Services LLC
2817 West End Avenue
Nashville, TN 37203

BIZMATCH LLC
6851 N CHERRY LANE
Lincolnwood, IL 60712

BUTTERFIELD HEALTH CARE GROUP, INC
640 N River Rd Suite 106
Naperville, IL 60563

CALIFF & HARPER, P.C.
1515 5th Avenue, Suite 700
Moline, IL 61265

CAMBRIDGE REALTY CAPITAL LTD OF IL
1 N. LaSalle St. 37th Floor
Chicago, IL 60602

CAPITAL ONE
PO BOX 4069
Carol Stream, IL 60197-4069

CENTERS FOR MEDICARE AND MEDICAID
7500 Security Boulevard
Windsor Mill, MD 21244

CITY OF CHICAGO DEPT OF FINANCE
P.O. BOX 88292
Chicago, IL 60680-1292

CLEAN START SYSTEMS
PO BOX 59172
Chicago, IL 60659

CLIPBOARD HEALTH
440 N BARRANCA AVE
#5028
Covina, CA 91723

CMSA CHICAGO
PO BOX 7125
Westchester, IL 60154

COM ED
PO Box 6112
Carol Stream, IL 60197-6111

COMCAST
PO Box 3001
Southeastern, PA 19398-3001

CONNOR
AR BARE HILLS BUSS CENTER
1421 CLARKVIEW ROAD, SUITE 100
Baltimore, MD 21209

CONSTELLATION NEWENERGY
PO BOX 5473
Carol Stream, IL 60197

COZZINI BROS INC
350 Howard Avenue
Des Plaines, IL 60018

CREATIVE SCAPE LANDSCAPERS INC
3236 W OLIVE AVE
Chicago, IL 60659

CROWN CARE SERVICES
PO BOX 86
Lakewood, NJ 08701

CYNTHIA CHOW & ASSOCIATES LLC
4801 W. Peterson Avenue
Suite #315
Chicago, IL 60646

DARLING INGREDIENTS
5601 N MACARTHUR BLVD
Irving, TX 75038

DE LAGE LANDEN FINANCIAL SERVICES
PO BOX 41602
Philadelphia, PA 19101

DELTA T GROUP
PO BOX 884
Bryn Mawr, PA 19010

DEPARTMENT OF HEALTH AND HUMAN SERV
General Counsel, Department of Heal
200 Independence Avenue, S.W.
Washington, DC 20201

DEPARTMENT OF THE TREASURY
Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101

DIRECT TV
PO Box 5006
Carol Stream, IL 60197-5006

DR AJAY MADHANI
200 West Southfield Drive
Vernon Hills, IL 60061

eCapital Healthcare Corp.
20807 Biscayne Blvd, Suite 203
Miami, FL 33180

EDSON DEVELOPMENTS
6126 Factory Road
Kenilworth, IL 60043

EDWARD DON & COMPANY
2562 PAYSPHERE CIRCLE
Chicago, IL 60674

ELDERWORKS EDUCATIONAL SERVICES
251 E Northwest HWY
Palatine, IL 60067

ELITE MEDICAL TRANSPORTATION
PO Box 992
Mokena, IL 60448-5606

EMPIRE COOLER
805 N MILWAUKEE AVE
Chicago, IL 60642

ENTERTAIN 360 (fkaSENIOR TV)
975 E TALLMADGE AVE
Akron, OH 44310

FAMILY HVAC LLC
600 E RIORDAN ROAD
Villa Park, IL 60181

FIRST INSURANCE FUNDING
PO BOX 7000
Carol Stream, IL 60197

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